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PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

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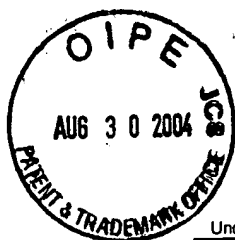
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|---|----------------------|------------------------|--------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/783,672 | |
| | Filing Date | February 20, 2004 | |
| | First Named Inventor | Beverly Marie EMERSON | |
| | Art Unit | 1645 | |
| | Examiner Name | Not Yet Assigned | |
| Total Number of Pages in This Submission | 4 | Attorney Docket Number | 532792000300 |

| ENCLOSURES (Check all that apply) | | |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal As Attorney or Agent and Change of Correspondence Address (1 page, plus 2 copies) Return Postcard |
| <div>Remarks</div> <p>Customer No. 25225</p> | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | MORRISON & FOERSTER LLP Peng Chen – 43,543 |
| Signature | |
| Date | August 26, 2004 |

| | |
|--|-------------------------------|
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. | |
| Dated: August 26, 2004 | Signature: (Matthew Russell) |



PTO/SB/83 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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| | | |
|---|------------------------|-----------------------|
| REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/783,672 |
| | Filing Date | February 20, 2004 |
| | First Named Inventor | Beverly Marie EMERSON |
| | Art Unit | 1645 |
| | Examiner Name | Not Yet Assigned |
| | Attorney Docket Number | 532792000300 |

Commissioner for Patents
To: P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

This withdrawal is being made at the request of the applicant.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
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| | | | | | |
|---|---|-------|------------|------------------|----------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Bruce D. Grant Biotechnology Law Group | | | | |
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| Name | Peng Chen | | | | |
| Signature | | | | Registration No. | 43,543 |
| Date | August 26, 2004 | | | Telephone No. | (858) 720-5117 |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.